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AUTHOR Heffernan, William D.; Heffernan, Judith Bortner
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ABSTRACT

This is an early assessment of the Rural Community Service Coordinator Program (RCSCP), organized by the University of Missouri Extension Service using funds from the federal Food Security Act of 1985. Five full-time coordinators were named by area mental health officials to help rural people cope with despair and emotional disturbances caused by the severe economic problems of the 1980s. This report was based on information from 757 evaluation forms received during the first 4 months of the program. A total of 5,080 people were counted as having been contacted directly by coordinators, along with many unreported and informal contacts. About 50% of coordinators' activities involved one-to-one interaction with community leaders. These contacts helped set up networks that enabled coordinators to pull community services together during crises. Almost 20% of the activities identified by coordinators involved consulting with community caregivers and service providers, who often function in relative isolation from one another and find themselves highly stressed. Twenty-three percent of the coordinators' activities involved meeting with community groups to lead discussions or educational sessions. Eight percent of coordinators' contacts involved crisis intervention. Program evaluators expressed desire that the program reach more areas and that more attention be given to changes made in the communities rather than what coordinators were doing there. The data, however, support the view that the RCSCP had a significant impact during its initial term of operation. Document includes excerpts from coordinators' reports, and one table. (TES)

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INTERIM EVALUATION

OF THE

RURAL COMMUNITY SERVICE COORDINATOR PROGRAM

by

William D. Heffernan, Ph.D. and Judith Bortner Heffernan, M.A.

Professor and Extension/Research Associate

Department of Rural Sociology

University of Missouri

Columbia, Missouri

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Executive Summary

The Rural Community Service Coordinator Program was developed by the University of Missouri Extension Service in cooperation with directors of selected Community Mental Health Centers. Because the agricultural community makes use of the Extension Service, but generally has a stigma against using mental health centers even when needed, arrangements were made for trained mental health professionals attached to the mental health centers to headquarter in Extension offices and become a part of the Extension team. Five full-time positions were funded and two of those positions were shared by two people. The name, Rural Community Service Coordinator, was developed both to downplay the mental health connection and to accurately identify this new role.

The coordinators' role was defined as follows: 1) to identify, coordinate and act as a liaison for information regarding existing community resources through a variety of community agencies and organizations; 2) to network, consult with and lend support to clergy, school personnel, lenders and others in the community who are involved with rural families; 3) to establish community based support groups for rural persons in need; 4) to provide mental health outreach, case finding, screening, crisis identification and intervention; 5) to monitor community stress levels and identify unmet community needs regarding this to appropriate agencies; 6) to conduct community awareness and educational programs; and 7) to assist rural residents in accessing the array of relevant state services available to them.

PRELIMINARY RESULTS With only the first few months of data available from the coordinators, the reported results are impressive. A total of 5080 people have been directly contacted by the coordinators during 757 individual and/or group contacts.

About 50% of the contacts were with a wide variety of community leaders. This effort was crucial in establishing local support for the program.

Almost 20% of the activities identified by the coordinators involved consulting with and providing support for community caregivers and service providers. These important people often function in relative isolation from one another and find themselves highly stressed by constantly dealing with hurting people. The networking among caregivers facilitated by the coordinators has produced numerous examples of coordinated efforts in which several caregiver organizations cooperated to assist particular families.

Twenty-three percent of the coordinators' activities involved meeting with community groups to lead discussions or provide educational sessions. The coordinators have given presentations to a wide range of organizations including service clubs, parent teacher organizations, ministerial alliances and groups of 4-Hers.

Eight percent of the contacts made were of a crisis intervention nature. Undoubtedly lives were saved through intervention by the coordinators.

Although some organizational issues remain, this program appears to be effectively achieving its goals in just the first four months. A major accomplishment of the Rural Community Service Coordinator Program is that in a very short time following appropriation of the funds, two major organizations, the University of Missouri Extension Service and five Community Mental Health Centers, combined forces and cooperated to deliver a much needed service to selected parts of rural Missouri.

BACKGROUND

The rapid downturn in the 1980s of the economic conditions in large sectors of American agriculture quickly lead to severe economic problems for individuals, families and communities. Political pressure mounted to "do something" to halt the continuing slide into despair and hopelessness of entire segments of rural America.

Late in 1984, a member of the House Agriculture Committee requested information from USDA about the assistance farm families needed and were receiving when they were forced out of farming by financial conditions.

Utilizing the cooperative relationship between USDA (the Economic Research Service) and State Land Grant Colleges, the Department of Agriculture funded rural sociologists to conduct a research study to obtain the needed information. The study was conducted in a north central Missouri county and documented the profound levels of psychological and emotional stress and depression among the families affected. Such behaviors as withdrawal, increased physical aggressiveness, greater use of alcohol, more confusion in thinking and feelings of worthlessness were reported.

The results of the study were given to USDA and the Agriculture Committee member in April, 1985. Accompanying the results was the recommendation that assistance and/or alterations in existing programs were needed in the following six areas:

1. Rural economic development
2. Mental health outreach
3. Information services
4. Job certification, networking and training

5. Entitlement programs, such as Food Stamps and Medicaid

6. Special attention to the needs of youth.

These results along with a host of other information collected by Congress were the basis for developing Section 1440 of the 1985 Farm Bill (formally known as the Food Security Act of 1985). Following the appropriation of money to fund Section 1440, the University of Missouri Extension Service applied for and received $480,000 to develop programs to address the needs of individuals, families and communities being negatively impacted by the "rural crisis".

The University of Missouri Extension Service, in cooperation with university administrators, teachers and researchers, developed four programs with this funding. The programs were entitled as follows: the Rural Community Service Coordinator Program, the Career Options for Missouri Farm Families, Rural Youth in Stress, and Alternative Horticultural Produce Marketing. Only the Rural Community Service Coordinators Program, which was developed in consultation with directors of state social service agencies and directors of Community Mental Health Centers, is dealt with in this early evaluation.

DEVELOPMENT OF THE COORDINATOR PROGRAM

The Rural Community Service Coordinator Program was put in place over a period of six weeks, from mid March until May 1. Although the coordinators were to become a part of the Extension Service, they were selected by the directors of the mental health centers acting individually with relatively limited guidelines on personnel selection. In those regions where senior

level mental health persons were already employed by the local mental health center and could be assigned to this project, the administrators were willing to take a bit of a chance and begin the program as soon as the University of Missouri received word that the Extension program had been approved by the Federal Extension Service. Regional mental health center directors who had to hire a new staff person to fill this position naturally were reluctant to begin their hiring efforts until written approval was received.

Only five full-time coordinator positions were funded for this pilot project. Two of these positions are shared positions with individuals spending a portion of their time as Rural Community Service Coordinators and a portion as counselors in their local mental health centers.

Because the selection process was unique to each mental health center director and because most of the coordinators received no special training before their initial community involvement, a great amount of variation exists in the programs and activities with which the different coordinators have been involved.

TRAINING AND CONSULTATION Experience with a somewhat similar program in another state strongly suggested the need for monthly training and consultation sessions for "outreach" personnel like the coordinators. The decision was made to meet every month for at least a day and a half. While the content of these sessions was to include a major training/orientation component, the sessions would also include a significant block of time for informal sharing among the coordinators. The informal sharing would allow the coordinators to compare professional notes on their experiences, and

also allow them to be a support group for each other. The informal part of the monthly program has become necessary because the coordinators have expressed the feeling that they often do not feel they are a part of either the mental health center or the Extension Service.

The first training session was held April 20-22 in Columbia and introduced the coordinators to key people and programs in the University, state government and other human services projects. The May 20-21 session included a discussion with a Food Stamp specialist from the Department of Family Services and a major presentation about rural community development by Drs. Joanne Mermelstein and Paul Sundet. No June session was held because a number of the coordinators were scheduled to do special sessions at 4-H camps and no mutually satisfactory date could be found.

The session held July 15-16 brought the coordinators together with several Extension home economists from around the state who had been working in Extension's response to the rural crisis. In addition to becoming better acquainted and more knowledgeable about each others' programs, the combined group spent some hours in learning the eligibility requirements for several social service programs.

The August 5-6 session included a major presentation about working with children in the public schools by a representative of the Missouri Institute for Preventative Services. An entire day was spent informally discussing the experiences, frustrations, conflicts and challenges of the coordinators' roles, as well as problems inherent in the formal evaluation of this project.

The September 16-17 meeting involved a joint training session on the first day with the Mo Farms Advisers, the staff of Legal Aid of Western

Missouri and persons associated with the State Department of Economic Development's new rural job training project. Essentials of each group's programs and services were discussed and the coordinators were able to meet personally with all of these service providers who work in their areas. Issues of organizational interaction and job stress when working in community development projects were a major part of the second day's consultation with Drs. Mermelstein and Sundet again playing a significant role.

THE EVALUATION PROCESS A committee composed of mental health directors, regional Extension directors and faculty in Rural Sociology and Social Work at the University of Missouri-Columbia constructed an evaluation form to be used by the coordinators. Two factors were kept in mind when designing the form. First, an effort was made to keep the form relatively short so that the coordinators would not need to spend a great deal of time doing "paper work". Secondly, an effort was made to develop a form that was reasonably consistent with the reports the coordinators ordinarily completed for their own mental health centers.

Unfortunately, since there is no standardized form used by the mental health centers, the later guideline was difficult to follow. After assembling report forms from the various mental health centers, the evaluation form for the 1440 Project was developed, but it had only partial resemblance to any of the mental health center forms from which it was drawn.

These contact forms were to be completed by each coordinator shortly after the time of each individual or group contact. It is quite possible

that in a given contact more than one different type of activity could result. For example, a coordinator might attend a community group meeting and make an important individual contact before or after the official meeting. Likewise, a coordinator might be involved in several activities in the course of a single day. Although the coordinators have continued to express some frustration with the form because it often does not adequately reflect the full extent of their activity, most of the coordinators have conscientiously filled out the form and added considerable written information to further explain their activities. In the training sessions, efforts have been made to improve the reporting system, but at this time, no consensus has been reached on a better format.

EARLY RESULTS OF THE COORDINATOR PROGRAM

Preliminary analysis of the contact forms sent in to date provides a most impressive picture of the beginning months of the program. The coordinators have identified 757 specific individual and/or group contacts that they have had. These 757 contacts have included 899 activity contacts. A total of 5080 people have been counted as directly involved in these contacts. (There is no way to count the people who have been helped by radio, television and newspaper presentations by the coordinators, or for that matter, the people who have indirectly benefited through those directly involved.) Further explanation of these figures follows.

The reporting period for this analysis began when each coordinator began work, sometime between early March and May 1, 1987. The analysis is based on information from the contact reports received in our office by September 21.

Only six contact reports were received for the month of March and the combined total for 5 coordinators was only 78 for April. One coordinator completed 46 contact reports in April and one coordinator completed 14. Thus, the contact reports suggest that the program did not become totally operational until about the beginning of May.

Some of the August contact reports have not yet been received and thus this analysis is based primarily on the months of May, June, July, some from August and a few from the first part of September.

Seven hundred and fifty-seven contact reports have been received. (See Table I.) One of the coordinators who began in early April reported 197 contacts through the end of July. One of the split appointments has so far reported a total of 191 contacts, and a single coordinator who began May 1 has had 152 contacts. For the months of May, June and July, most coordinators were averaging about 40 to 45 contacts per month or two per day.

Certainly not all of the coordinators' activities are reported. For example, if the coordinator meets officially with other Extension colleagues for program planning, a contact form may be completed. But an informal discussion in the office would not likely be reported. Likewise, if asked to make a presentation at 4-H camp, the coordinator would likely report the specific activity, but might not report the additional hours spent informally with the youth.

Further analysis of the contact sheets gives a fuller picture of the activities of the coordinators in the start-up phase of this program. About 50% of the reported activities (individual and collateral community contact) involved some form of one-to-one interaction with key persons in the

community that were important for the coordinators to meet. These persons included lenders, community leaders, clergy, the Extension staffs and the social service agency staffs in their various counties, merchants, the press and the Chambers of Commerce, to note a few. This interaction set in place the network that enables the coordinators to effectively "coordinate" rural community services during this time of change and crisis.

Entry into the communities was also gained by the coordinators spending time in places where rural people gather to talk. Cafes, coffee shops, auction barns and grain elevators often allowed relatively easy access to the community. An excellent example of this experience and its importance was described by one of the coordinators who casually entered a feed store and began to become a part of the activity there.

> "Upon entering the store, I noted that the three occupants were involved in virtually no verbal communication. Person A, whom I later found out was a farmer, was reading a newspaper. Person B, the store operator, was busy figuring on an adding machine. And Person C, who later told me that he was an ex-farmer now butcher, appeared to be just sitting and reflecting as he picked individual kernels from a cob of corn.
>
> After identifying myself as a member of the University of Missouri Extension staff, I proceeded to say to the men something to the effect of, 'There is a lot of talk in the halls of the University that the rural areas are hard hit with an "economic crisis." I am here to find out if you have similar or different ideas and whether you could share some of your thoughts and experiences around this issue with me.'
>
> At this point, a significant phenomenon occurred. The silence of the men was broken. Persons A and B could barely keep quiet long enough for the other to finish his comments.
>
> And the comments were from the heart. The farmer had experienced in 1983 what he summed up as, "drought, depression and divorce". His farming operation had gone from 1000 acres to less than 300. The resulting idle time was now a major cause of his distress. At the time I met him, he was seeking a $30,000 loan without which he faces foreclosure. His immediate problem was that every bank he had checked, save one, had turned him away. His last hope for a loan from the one remaining bank rested only

on a personal relationship. He had gone to high school with the bank's vice-president.

B's and C's comments were no less distressing. Each was filled with significant uncertainties related to their future in the rural community. The store operator was faced with a declining business. Two years ago he closed the grocery half of his store due to lack of demand. The third man, the butcher who already had been forced out of farming, talked of the real possibility of losing his meat cutting job at a local supermarket because of the increase in pre-packaged meats.

After I was in the store for two hours, the farmer asked if I would accompany him to two different farms. His hope was that similar discussion would arise. Indeed discussions with the farmers we visited did arise, turning this casual stop into a two-day intervention.

The beauty of these contacts was that in the midst of each person's very personal disclosures, I was able to interject and reinforce mental health skills and tools for more effectively managing their uncertain futures. Probably the most effective tool interjected was the facilitation of the natural support networks latently existing between all those contacted during the two days. In total seven people, five of them subjected to the effects of crises, came together and shared around issues none had expressed before in a similar fashion.

Specialists in preventive mental health insist that the most constant, reliable, and adaptive support for people during critical times lies within effectively functioning natural helping networks. Therefore, it would seem that maximizing effective mental health intervention will consist of providing ongoing support of these networks by interjecting them with the tools and skills necessary for them to broaden their effectiveness."

Nineteen percent of the coordinators identified activities that involved consulting with and providing support for the caregivers and service providers. This group of people are vital to the functioning of rural communities, especially during times of great stress. However, caregivers often function in relative isolation from one another. In many communities, caregivers do not have enough knowledge of the services other caregivers can provide to make effective referrals. Typically assistance is given only to people who seek out help. Outreach is very rare.

In addition to all of this, caregivers in rural America are suffering from high levels of personal stress. Daily involvement with depressed and despairing people, in many cases their personal friends and relatives, takes a very heavy toll on them. The coordinators have been very successful in many communities in developing support networks for hurting caregivers. The coordinators have also succeeded in breaking down the barriers between these care and/or service providing groups and in forming cooperative relationships between them. Following are examples of this important work.

> "I presented a program to a community service agency that serviced 12 counties. We brainstormed on ways to help each other and to develop a referral network. I also presented information on how a caregiver can take care of him/herself. This exchange has continued and has included in-service programs for the staff and referrals of some of the staff to mental health agencies."

> "A banker was admitted to the psychiatric ward after attempting suicide. I was called to do an assessment of the family and educate the staff on the particular stresses related to agricultural banking during this time of crisis. I participated in discharge planning and helped the banker identify a support network in his community. During the month following his discharge, I have received numerous phone calls from community leaders, pastors, and Extension staff asking how they can be supportive. This has given me an opportunity to do community education, as well as build links among the concerned individuals to create a new support system within this particular town."

> "A pastor called and asked if I had time just to talk. He had been very involved in the rural crisis and had made several referrals to me. He said that he had just received a phone call from the wife of one of his deacons. The deacon, a very special friend, had dropped dead in his garden. The pastor, who was clearly sharing much of the suffering of his people and the sadness in the community, needed to talk to someone before he went to pay his condolences. He said that there was no one in the community with whom he felt free to share his own feelings. I serve as a support system for him. This is a common need in the rural community. Many pastors feel somewhat isolated and alone. The RCSC program does serve as a support system for the pastors."

About 23% of the activities of the coordinators have been community group and/or educational sessions. The coordinators have given presentations to parent groups, Rotary and other service clubs, ministerial alliances, Extension meetings, 4-H groups and so forth. Their visibility, availability and capability have been seen by many and have resulted in increased referrals of persons and families needing a variety of assistance.

Another very important consequence of these activities has been the way in which some communities have been inspired to come together and begin to develop solutions to local concerns and/or problems. Examples of these activities follow.

> Writes one coordinator, "One important group of people sometimes overlooked in the farm crisis are the rural children who are impacted in many ways by what their parents are experiencing. In a attempt to remedy this, the Extension Youth Specialist and I formed a ten member Youth Advisory Council. Its members represent Extension, mental health, law enforcement, the ministry, education, farming and business. Our goal is to raise the consciousness regarding farm and rural community problems of those people who interact with rural kids in our three county area. At our first meeting we decided it would be a good idea to conduct a forum to address the problem of youth and stress. The council has made plans to conduct this forum on October 28, at one of our centrally located high schools. It is a wonderful experience for me to watch the interest and enthusiasm of the various members of this council as they interact to bring about something they really feel is needed."

> One coordinator wrote of sharing with other Extension staff the task of helping "rural residents become sensitive to one another's experiences of the difficult situations posed within their communities. We are attempting to bring folks to embrace the crisis with an attitude of hope. We are in the process of building anticipation within three counties towards a Sunday afternoon in January event where families will come together to share a meal, some stories, and activities designed to be both fun and informative. The information will address money stretching techniques, resources available, tax and bankruptcy laws, and how communities can work together to uplift people within them. The theme we are building on is 'A Sunday Celebration of Families'."

Another coordinator described at length his experiences with 160 9-12 year old 4-H campers. He had been invited to do small group workshops with these children on the topic of stress management. In summarizing his experience, he wrote as follows: "It appeared that an overwhelming majority of children were acutely knowledgeable about stress and their own individual responses to it. They also were cognizant of their individually developed coping mechanisms and were openly willing to share without embarrassment or fear of judgement, their coping methods which were often inappropriate and dysfunctional. Many of the children do not feel free to discuss their problems with their parents." The coordinator then wrote of the need for follow-up sessions with the children and educational sessions with parents to improve the healthy functioning of the children.

Other coordinators describe assisting communities who were developing "Neighbor to Neighbor" programs and County Rural Life Projects. A coordinator has also provided direction for VISTA volunteers who were working in a rural county.

Eight percent of the contacts made by the coordinators were considered clinical crisis intervention. In some of these cases, it is quite clear that the service provided was extremely important and may have led to the saving of a life. In other cases, the coordinators were invited to intervene before the situation became life-threatening, but was still of a crisis nature. It is probably this activity which most strongly supports the position that trained counselors, such as the ones employed in this program, are needed to serve in the role of rural community service coordinators.

Numerous examples have been documented of the coordinators being called to the homes of very stressed farm families where they provide the needed intervention to reduce the crisis. The following are examples which illustrate the critical importance of this aspect of the coordinators' role.

"Last June I was contacted by a member of a county Extension staff who asked if I would make contact with a dairy farmer and his wife who were having "in-law" problems which in turn were

being aggravated by farming problems. That evening I visited on the telephone with the wife who sounded as though she desperately needed help. She agreed that I should come to their home the next evening to meet with her and her husband. After I arrived I soon discovered that the farmer was caught between his mother, who still owned some of the farming interest, and his wife. There were also financial problems. After another in-home visit and two lengthy phone calls, the husband agreed that he and his wife would come to the Mental Health Center and talk with somebody. They have been in therapy for three months now and seem to be doing a lot better. Their therapist told me recently that the mother-in-law is now considering coming in for counseling also."

Just last Friday, September 25, Missouri was shocked by the report of a 14 year old boy who was so distressed by the depressed financial situation of his family and the great amount of responsibility that this was placing on him that he reportedly killed his parents, his siblings, his aunt and wounded his uncle before the uncle, stabbed the boy to death.

Monday noon, September 28, we received a call from one of the coordinators. She had received a call from a junior high school counselor who wanted her help with a crisis situation. A 13 year old girl had just told a teacher that her father had said that morning that the killing of the family in southwest Missouri "might just be the best way out for our family". The girl admitted that the bankruptcy hearing for the family would be held in a couple of weeks. She mentioned that for the past month, her family consisting of 6 children and the parents had had only zucchini, potatoes and field corn to eat. Two weeks ago the zucchini had run out.

The coordinator and the counselor immediately began to develop a plan of intervention. While the coordinator tried to locate emergency food, the counselor drove out to the farm to visit with the parents, but found no one. When none of the children came to school on Tuesday or Wednesday, both the counselor and the coordinator drove to the farm. Poverty was painfully visible everywhere.

The mother came to the door. The counselor first introduced herself and then introduced the coordinator as a "person from the Extension Service". No mention was made that the coordinator was a mental health professional. The mother, at first very suspicious, did eventually talk with them and describe what the situation was in her family. The farm, an inheritance from her grandfather, would be lost in the upcoming bankruptcy hearing. She indicated that her husband had been under much stress earlier in the week when they had no money to buy fuel for the tractor needed to harvest their crops before they lost their land. He had

picked corn by hand and sold it to get the money for the tractor fuel. She indicated that he was in better spirits now, but that she was "taking the situation the hardest of anyone in the family".

While the coordinator continued the assessment, the counselor returned to the car to bring in the food donated by four congregations from the nearest town. (It should be noted that both the local Community Action Center and the local food pantry were out of food. Because of previous networking, the coordinator was able to contact pastors who agreed to telephone members of their congregations and ask that they contribute food for this family who participated in no church.) When the food was brought in, the mother wept. She mentioned that although they had previously been turned down, they hoped to get Food Stamps on Friday.

The counselor assured her that she was very concerned about the children and would help in any way she could. (She did not tell the mother, but did tell the coordinator that she will visit the family again on Saturday and bring meat bought with money she has collected from the teachers.)

The coordinator agreed to accompany the family to bankruptcy court on Tuesday to provide emotional support. When she asked if they would like to have some additional help from the Extension Service, the mother begged her not to tell them about her family's circumstances, because the Extension farm manager had helped them in the past and she did not want him to see what had become of them.

For now, the threatened crisis seems to have subsided. However, both the school counselor and the coordinator will continue to monitor this family.

CONTINUING FRUSTRATIONS

Because most of the coordinators were professionally trained as clinicians, much of the training they have requested as a part of this program has been of a community organization nature. Thus, most of the training has focused on providing information and backup support to clinicians who now spend most of their time in the role of community coordinator.

The argument could be made that a person with a background in community organization should be selected for these positions and then given training in the clinical area. However, even though only 8% of the coordinators' time is spent in direct crisis intervention, the extreme importance of the intervention argues for beginning with clinicians. In the case of this program, a special effort was made in the selection process to select persons with clinical training, who also had an interest and/or experience in doing community organization work.

One of the major shortcomings of the evaluation process at this point is that most of the attention is focused on what the coordinators do in terms of activity rather than on what changes have occurred in their communities as a result of this project. While this is partially the result of the fact that the program is still quite new, it is also the result of the fact that the coordinators have a clinical orientation. In their oral accounts of their activities, they tend to emphasize crisis interventions and group presentations in which they are involved. They often fail to reflect on some of the specific activities and events which have occurred in their communities because of their initiatives. For example, on reflection, one coordinator said, "In one of my communities the caregivers are now getting together on a regular basis to share information and provide social support". He indicated he could not really take credit for this activity, but added that he had shared the idea with some of the caregivers. They thought it was a good one and followed through on it. Undoubtedly this social support network and interacting service support network would not have begun had it not been for the rural community service coordinator.

Another frustration is that not all counties in the assigned regions have been covered adequately or equally. The coordinators were told at the outset to work in those communities and counties where they felt they had the greatest access and felt they could make the greatest contribution. Predictably, several factors have made a difference in the counties where they have been most successful. In some cases the coordinator's own knowledge of the area, and the background and personal contacts within the community which they have developed at an earlier time were key reasons for early successes. Another major factor is the rapport they have developed with the Extension field staff in certain counties. In some counties, coordinators have been well-integrated into the Extension team, while in other counties this has not occurred as rapidly.

CONCLUSIONS

The quantitative data collected from the contact sheets give a numerical indication of the number of contacts made and to some degree indicate the importance of some of the coordinators' efforts.

The qualitative data (a small portion of which is included here) are also important. Listening to the coordinators share their experiences during the monthly training sessions and noting the number of agency personnel and other staffers from service organizations in the state who wish to know more about the program and wish to establish a closer working relationship with the community coordinators program provides even more evidence of the importance of this program to the northern third of the state where it exists.

Given the short term and tentative nature of the funding for the Rural Community Service Coordinator Program, it was felt that the program had to be put in place and started rapidly. Data from the first few months indicate that this has been accomplished.

The uniqueness of this program is that it has brought mental health professionals and mental health organizations together with Extension personnel and organization to work in a cooperative way on a vital collaborative effort. There are some rough spots that remain to be smoothed out between the organizational structures and there have been some frustrations along the way. However, both the quantitive data and the case studies support the view that the program has had a significant impact in just the first four full months of operation.

At both the state and the local level, the RURAL COMMUNITY SERVICE COORDINATOR PROGRAM has facilitated the working together of large numbers of service organizations and individuals, and thus greatly improved both the formal and informal social service delivery system not only in the rural counties where the program is in operation, but also in other counties as well.

TABLE I: Activity Forms By Kind
Received to September 25, 1987

Activities	# of Activity Contacts	% of Each Kind of Activity
Individual Contact	210	23.36%
Collateral Community Contact	239	26.59%
Community Group Meeting	71	7.90%
Education Session	135	15.02%
Consult/Support to Care/Service Provider(s)	174	19.35%
Clinical Crisis Intervention	70	7.79%
Total number of activity contacts by Coordinators	899	100.00%
Total number of contacts made by Coordinators	757	
Total number of persons involved in activity	5080	